

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400221749

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10275 4. Contact Name: Loni Davis
2. Name of Operator: AUGUSTUS ENERGY PARTNERS LLC Phone: (970) 332-3585
3. Address: P O BOX 250 Fax: (970) 332-3587
City: WRAY State: CO Zip: 80758

5. API Number 05-125-11938-00 6. County: YUMA
7. Well Name: Conrad Well Number: 42-06 3N45W
8. Location: QtrQtr: SENE Section: 6 Township: 3N Range: 45W Meridian: 6
9. Field Name: ECKLEY Field Code: 19415

Completed Interval

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|---|--|
| FORMATION: <u>NIOBRARA</u> | Status: <u>PRODUCING</u> |
| Treatment Date: <u>11/11/2011</u> | Date of First Production this formation: <u>11/12/2011</u> |
| Perforations Top: <u>2596</u> Bottom: <u>2616</u> | No. Holes: <u>40</u> Hole size: <u>47/100</u> |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/> |
| <u>Used 45,201 gals 30# Gel containing 50,040# 16/30 Daniels sand, 50,000# 12/20 Daniels sand, & 60 tons CO2.</u> | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Test Information: | |
| Date: <u>11/25/2011</u> Hours: <u> </u> | Bbls oil: <u> </u> Mcf Gas: <u> </u> Bbls H2O: <u> </u> |
| Calculated 24 hour rate: | Bbls oil: <u>0</u> Mcf Gas: <u>34</u> Bbls H2O: <u>0</u> GOR: <u>0</u> |
| Test Method: <u>Flowing</u> | Casing PSI: <u>83</u> Tubing PSI: <u> </u> Choke Size: <u>1/2</u> |
| Gas Disposition: <u>SOLD</u> | Gas Type: <u>DRY</u> BTU Gas: <u>1000</u> API Gravity Oil: <u> </u> |
| Tubing Size: <u> </u> Tubing Setting Depth: <u> </u> | Tbg setting date: <u> </u> Packer Depth: <u> </u> |
| Reason for Non-Production: <u> </u> | |
| Date formation Abandoned: <u> </u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u> </u> | |
| Bridge Plug Depth: <u> </u> Sacks cement on top: <u> </u> | |

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: Loni J. Davis

Title: Oper Acctg & Reg Spec Date: Email ldavis@augustusenergy.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

| Att Doc Num | Name |
|-------------|------|
| | |

Total Attach: 0 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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Total: 0 comment(s)